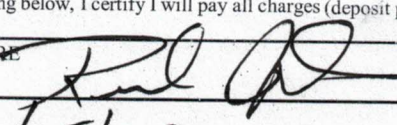


TRANSCRIPT ORDER

DUE DATE:

PLEASE Read Instruction Page (attached):

1. YOUR NAME RICHARD JAFFE		2. EMAIL RJJAFFE@GMAIL.COM		3. PHONE NUMBER 713-877-8096		4. DATE 1/25/23	
5. MAILING ADDRESS 425 J. STREET 4TH FLOOR				6. CITY SMITHSON		7. STATE CA	
9. CASE NUMBER		10. JUDGE WILLIAM B. SCHUBB		11. FROM 1/23		12. TO	
13. CASE NAME 2:22-cv-02147-WBS				14. CITY SMITHSON		15. STATE CA	
16. ORDER FOR <input type="checkbox"/> APPEAL No. _____ <input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CRIMINAL <input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)							
TRIAL		DATE(S)		REPORTER		HEARINGS	
<input type="checkbox"/> ENTIRE TRIAL						<input type="checkbox"/> OTHER (Specify Below)	
<input type="checkbox"/> JURY SELECTION						1/23	
<input type="checkbox"/> OPENING STATEMENTS						PRELIMINARY	
<input type="checkbox"/> CLOSING ARGUMENTS						INSTRUCTION	
<input type="checkbox"/> JURY INSTRUCTIONS						NOTION	
<input type="checkbox"/>							
<input type="checkbox"/>							
18. ORDER (Grey Area for Court Reporter Use)							
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
+14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
EXPEDITED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES 1	68 x 5.45			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).				ESTIMATE TOTAL			
19. SIGNATURE 				PROCESSED BY			
20. DATE 1/25/23				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS			
ORDER RECEIVED		DATE	BY	DEPOSIT PAID			
DEPOSIT PAID				TOTAL CHARGES			
TRANSCRIPT ORDERED				LESS DEPOSIT			
TRANSCRIPT RECEIVED				TOTAL REFUNDED			
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL DUE			
PARTY RECEIVED TRANSCRIPT							